

STATE WATER RESOURCES CONTROL BOARD

CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM WASTEWATER ARREARAGES DISBURSEMENT REQUEST FORM

WDID NO:

WASTEWATER TREATMENT PROVIDER:

WASTEWATER BILLING ENTITY (if applicable):

REMIT PAYMENT TO ENTITY (select one):

☐ Wastewater Treatment Provider

☐ Wastewater Billing Entity

REMIT TO ADDRESS:

	NO. OF ACCOUNTS	PAYMENT AMOUNT REQUESTED
RESIDENTIAL		
COMMERCIAL		
SUBTOTAL		
ADMINISTRATIVE COSTS (Maximum of 3% OF SUBTOTAL UP TO \$1 MILLION)		
GRAND TOTAL OF PAYMENT AMOUNT REQUESTED		

CERTIFICATION: I have read and signed the Conditions of Payment Form and understand that this Disbursement Request Form **CANNOT BE PROCESSED** unless a complete and accurate Conditions of Payment Form is currently on file with the State Water Resources Control Board.

The arrearages claimed in this Disbursement Request Form have been incurred and remain unpaid by customers of the Wastewater Treatment Provider and any payments received from the State Water Resources Control Board will be allocated as bill credits within sixty (60) days of receipt of the funds requested in accordance with the California Water and Wastewater Arrearages Payment Program Guidelines and will return any moneys not credited to the State Water Resources Control Board within six months of receipt.

AUTHORIZED REPRESENTATIVE OR DESIGNEE SIGNATURE:

DATE:

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.:

INVOICE DATE:

**CALIFORNIA WATER AND WASTEWATER ARREARAGES PAYMENT PROGRAM
WASTEWATER ARREARAGES DISBURSEMENT REQUEST FORM**

WDID NO:

WASTEWATER TREATMENT PROVIDER:

WASTEWATER BILLING ENTITY (if applicable):

REMIT PAYMENT TO ENTITY (select one):

☐ Wastewater Treatment Provider

☐ Wastewater Billing Entity

FOLLOWING SECTION IS FOR STATE USE ONLY

PAYMENT INVOICE NO.:

INVOICE DATE:

PAYMENT REQUEST AMOUNT	\$
ADJUSTMENT	\$
AMOUNT DUE	\$

ADJUSTMENT COMMENTS:

FISCAL SUPPLIER ID: _____ **ADDRESS ID:** _____

FUND TITLE		ITEM	FY	CHAPTER	STATUTE
Coronavirus Fiscal Recovery Fund of 2021		3940-162-8506	21/22	21/21	2021
PROGRAM	REPORTING STRUCTURE	ACCOUNT	ALT ACCOUNT	PROJECT #	PROJECT ACTIVITY #
3560000C25	39400556	5432600	5432600000	3940COVIDARREAR	L/A

STATUTE LANGUAGE:

Per California Health and Safety Code 116773.4(b)(4)(B), the board provides financial assistance to wastewater treatment providers or their wastewater billing entities for the purpose of assisting customers with past-due bills accrued during the COVID-19 pandemic bill relief period from March 4, 2020 to June 15, 2021.

**SIGNATURES FOR APPROVAL OF
PAYMENT**

Analyst

Reviewed By: _____

Title: _____

Date: _____

Manager

Reviewed By: _____

Title: _____

Date: _____

Wastewater Arrearages Disbursement Request Form Instructions

Use the instructions below to complete the Disbursement Request Form. Complete all required sections of the form to prevent delays in processing. If any assistance is needed in completing this form, please contact: wwarrearages@waterboards.ca.gov.

- **Wastewater Treatment Provider and Wastewater Billing Entity Identification section**
 - Provide the WDID number that is associated with the Wastewater Treatment Provider associated with the Application Survey. If this is an aggregate application, provide the WDID number used to complete the Application Survey.
 - Provide the Wastewater Treatment Provider's name that is associated with the Application Survey. If this is an aggregate application, enter "Multiple Providers" in the Wastewater Treatment Provider's name field. If payment will be made to this entity, the entity's name must be listed on the Government Agency Taxpayer Identification Form.
 - Provide the wastewater billing entity name if applicable. If payment will be made to this entity, the entity's name must be listed on the Government Agency Taxpayer ID Form.
 - Select the entity that will be listed as the check's payee. The selected entity must be the same as on the Government Agency Taxpayer ID Form.
 - Provide the remitting address to where the check will be sent. This address must be on file with the State Water Resources Control Board and listed on the Government Agency Taxpayer ID Form.
- **Payment Request section**
 - Provide the number of residential accounts with arrearages being claimed for payment and the dollar amount associated with them.
 - Provide the number of commercial accounts with arrearages being claimed for payment and the dollar amount associated with them.
 - Administrative costs are defined as any costs incurred to participate in the Program per the Program Guidelines.
- **Certification** – Read the certification in its entirety and sign on the line to certify that the information contained in this Disbursement Request Form is complete and accurate. Sign using blue ink. Only an original signature will be accepted.
- **Signature(s)** – The person signing must be the authorized representative or designee for the entity that is receiving the payment. The signature must be an original wet ink signature in blue ink.
- **State Use Only** – Do not write in this section as it is designated for State Use Only. (NOTE: If you write in this section, the disbursement form cannot be processed, and a new form will be required.)
- **This document is a two-page document. The WDID number, Wastewater Treatment Provider name, and if applicable, Wastewater Billing Entity name must be printed on both pages. Both pages must be uploaded as a single PDF and sent to the State Water Resources Control Board.**
- **Send in the Form**
 - Wastewater Arrearages Payment Program
State Water Resources Control Board
1001 I Street, 17th Floor
Sacramento, CA 95814